

# EXHIBIT A



Schools and Libraries Division

## Administrator's Decision on Invoice Deadline Extension Request

February 4, 2016

James Alexander  
SOUTH HARRISON COMM SCH CORP  
315 Harrison Drive  
Corydon, IN 47112

:RE: SOUTH HARRISON COMM SCH CORP  
FCC Form 471 Application 958961  
Number:  
Funding Request Number(s): 2613296

Your Correspondence Dated: January 27, 2016

After thorough review and investigation of all relevant facts, the Schools and Libraries Division (SLD) of the Universal Service Administrative Company (USAC) has made its decision in regard to your invoice deadline extension request for the FRN(s) indicated above. This letter explains the basis of USAC's decision. The date of this letter begins the 60 day time period for appealing this decision. If your request included more than one FRN, please note that for each FRN for which an invoice deadline extension request was submitted, a separate letter may be sent.

Decision on Request: **Denied**

Explanation: FCC rules require that Invoice Deadline Extension requests be filed by the end of the relevant invoice receipt period for the service category of the FRN requiring an extension (120 days after the last day to deliver service or 120 days after the date of the FCC Form 486 Notification Letter, whichever is later). Since the extension request was not filed in a timely manner, the request is denied.

### TO APPEAL THIS DECISION

If you wish to appeal a decision in this letter to USAC, your appeal must be received by USAC or postmarked within 60 days of the date of this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. In your letter of appeal:

1. Include the name, address, telephone number, fax number, and email address for the person who can most readily discuss this appeal with us.
2. State outright that your letter is an appeal. Include the following to identify the USAC decision letter (e.g., FCDL) and the decision you are appealing:

- appellant name
  - applicant and service provider names, if different than appellant
  - applicant BEN and service provider SPIN
  - **<insert application or form number>** as assigned by USAC
  - Funding Request Number(s) (FRNs) you are appealing if provided in the letter
  - **<insert name of the letter and funding year - both are located at the top of the letter>** AND
  - the exact text or the decision that you are appealing.
3. Please keep your letter to the point and provide documentation to support your appeal. Be sure to keep a copy of your entire appeal, including any correspondence and documentation.
  4. If you are the applicant, please provide a copy of your appeal to the service provider(s) affected by USAC's decision. If you are the service provider, please provide a copy of your appeal to the applicant(s) affected by USAC's decision.
  5. Provide an authorized signature on your letter of appeal.

We strongly recommend that you use one of the electronic filing options. To submit your appeal to USAC by email, email your appeal to [appeals@sl.universalservice.org](mailto:appeals@sl.universalservice.org) or submit your appeal electronically by using the "Submit a Question" feature on the USAC website. USAC will automatically reply to incoming emails to confirm receipt.

To submit your appeal to us by fax, fax your appeal to (973) 599-6542.

To submit your appeal to us on paper, send your appeal to:

Letter of Appeal  
Schools and Libraries Division - Correspondence Unit  
30 Lanidex Plaza West  
PO Box 685  
Parsippany, NJ 07054-0685

For more information on submitting an appeal to USAC, please see "Appeals" in the "Schools and Libraries" section of the USAC website.

Schools and Libraries Division  
Universal Service Administrative Company

cc: Sarah Knorr, Frontier North, Inc.

Sarah Knorr  
Frontier North, Inc.  
100 CTE Drive  
Dallas, PA 18612



EXHIBIT B

FEDERAL USF E-RATE  
Frontier 471 DATA GATHERING FORM

USF E-rate Funding Support Will Not Commence For the Below Funding Request Numbers  
Until This Form Is Returned To Frontier

Incomplete Forms Will Be Returned To The Applicant Contact For Proper Completion

Instructions:

- Complete one Data Gathering Form for each Form 471 Application Number – Attach additional sheets as necessary to include all affected account numbers
- Complete all sections of the form
- Sign and date the form
- Different categories of service (Telecommunications Service including Long Distance, Internet Access and Internal Connections) may require separate Data Gathering Forms

SECTION A	
E-rate Fund Year (e.g., FY2014)	FY 2014
Form 471 Application Number From Funding Commitment Decision Letter (FCDL) – Up to 10 numeric digits	958961
Will the Applicant use the Billed Entity Applicant Reimbursement invoice method via FCC Form 472 (BEAR) to receive E-rate funds? <i>Note: California customers receiving California Teleconnect Fund discounts and Texas customers receiving Texas Distance Learning discounts cannot use the E-rate BEAR process</i>	<div>Yes</div> <div><input checked="" type="checkbox"/> No</div>
Service Provider Identification Number (SPIN) From Funding Commitment Decision Letter (FCDL)	143004791
Service Provider Name	Frontier North, Inc.
Applicant (School/Library) Name	South Harrison Community School Corporation
Applicant Contact Name	Charlie Hobbs
Applicant Contact Telephone Number	765-855-1612
Applicant Contact Fax Number	765-855-1615
Applicant Contact Internet E-mail Address	Charlie@adtecerate.com



## **FEDERAL USF E-RATE Frontier 471 DATA GATHERING FORM**

USF E-rate Funding Support Will Not Commence For the Below Funding Request Numbers  
Until This Form Is Returned To Frontier

Incomplete Forms Will Be Returned To The Applicant Contact For Proper Completion

### **Instructions:**

- Complete one Data Gathering Form for each Form 471 Application Number – Attach additional sheets as necessary to include all affected account numbers
- Complete all sections of the form
- Sign and date the form
- Different categories of service (Telecommunications Service including Long Distance, Internet Access and Internal Connections) may require separate Data Gathering Forms

**FEDERAL USF E-RATE  
Frontier 471 DATA GATHERING FORM**

USF E-rate Funding Support Will Not Commence For the Below Funding Request Numbers  
Until This Form Is Returned To Frontier  
Incomplete Forms Will Be Returned To The Applicant Contact For Proper Completion

**SECTION B**

Applicant has reviewed any preliminary information received from Frontier (e.g., list of products/services Applicant is receiving) and has notified Frontier of any errors or omissions. Applicant has provided information as it pertains to the Form 471 Application detail that the E-rate fund administrator, Schools and Libraries Division (SLD), has approved for E-rate funding. Applicant assumes full responsibility for the accuracy of the information provided in the Data Gathering Form and will hold Frontier harmless in the event of any claim or liability arising out of, or resulting from, any inaccurate or incomplete information provided by Applicant to Frontier.

A signature and date are required below. Please return the completed form by fax or e-mail. For email, an electronic signature is required. For applicants receiving E-Rate funds via discounted bills, Frontier will contact you when the billing system will be ready to discount your bills. Monthly credits will be applied to your accounts ONLY after Frontier verifies the information provided in the Data Gathering Form and receives notification that your Form 486 has been filed with the SLD. In addition, we will issue credit(s) back to the approved Service Start Date for any bills that have already been paid for this current funding year. These credits back to the Service Start Date should appear within two billing periods after the discount has begun.

For applicants receiving E-Rate funds via the Billed Entity Applicant Reimbursement (BEAR) process, Frontier will accept your FCC BEAR Form 472 for review and certification after verification of the information provided in the Data Gathering Form and receipt of notification that your Form 486 has been filed with the SLD.

**Applicant/Contact Signature** Charlie Hobbs **Date** 3/12/2015

**Applicant/Contact Name** (typed or printed) Charlie Hobbs

**Frontier Received Date** \_\_\_\_\_ **Initials** \_\_\_\_\_

**Fax to the attention of Frontier E-Rate Center at (585) 262-9795  
or e-mail to [erate-ctf@ftr.com](mailto:erate-ctf@ftr.com)**

## FEDERAL USF E-RATE

**USF E-rate Funding Support Will Not Commence For the Below Funding Request Numbers  
Until This Form Is Returned To Frontier  
Incomplete Forms Will Be Returned To The Applicant Contact For Proper Completion**

[illegible]

# EXHIBIT C

471 Applic FRN	Applicant I SPIN	Service Provider Name	486 SSD	Funding Yr	FCDL Date	Committed Amount	Invoicing N	Total Authorized Disbursement
958961	2613296 SOUTH HA 143004791	Frontier North, Inc.	7/1/2014	2014	5/21/2014	\$35,446.32	NOT SET	
958904	2604477 SOUTH HA 143029868	Unite Private Networks, LLC	7/1/2014	2014	5/15/2014	\$132,640.32	SPI	\$132,640.32
972758	2684819 SOUTH HA 143030857	ENA Services, LLC	7/1/2014	2014	5/15/2014	\$3,660.00	SPI	\$3,660.00
972758	2684779 SOUTH HA 143030857	ENA Services, LLC	7/1/2014	2014	5/15/2014	\$59,475.00	SPI	\$50,511.70

9/25/2015 11:45 a.m.

## Universal Service for Schools and Libraries

Please read instructions before completing.

(To be completed by schools, libraries, consortia)

### BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act 7 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

#### CC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection on the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0856.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 507.

Applicant Form Identifier (Create an identifier for your own reference)  
014-SHCSC-Frontier

FCC Form 472 Invoice #  
(To be inserted by administrator) 2251215

#### BLOCK 1: HEADER INFORMATION

Billed Entity Name	SOUTH HARRISON COMM SCH CORP
Billed Entity Number	130536
Service Provider Identification Number (SPIN)	143004791
Contact Name	Charlie Hobbs
Contact Telephone Number	765- 8551612 ext
Total Reimbursement Amount (total from Block 2, Column 14)	\$14,112.21

# **Billed Entity Applicant Reimbursement Form**

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Billed Entity Name SOUTH HARRISON COMM SCH CORP Billed Entity Number 130536

Contact Name Charlie Hobbs Contact Telephone Number 765-8551612

Applicant Form Identifier 2014-SHCSC-Frontier

## **BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER**

(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
FCC Form 471 Application Number (from Funding Commitment Decision Letter)	Funding Request Number (FRN) (from Funding Commitment Decision Letter)	Bill Frequency	Customer Billed Date (mm/yyyy)	Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	Total (Undiscounted) Amount for Service	Discount Rate	Amount Billed to USAC (Column 12 multiplied by Column 13)
		DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (10) or Column (11), but not both Columns				
958961	2613296		7/1/2014		\$22,761.63	62.00	\$14,112.21
0							
1							
2							
3							
4							

**TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6)**

**\$14,112.21**

# BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name SOUTH HARRISON COMM SCH CORP

Billed Entity Number 130536

Contact Name Charlie Hobbs

Applicant Form Identifier 2014-SHCSC-Frontier

## Block 3: Billed Entity Certification

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated Form 486.
- B. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Form 471 Funding Commitment Decision Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.
- E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

15. Signature of authorized person **Signed electronically by JIM ALEXANDER**

16. Date **9/25/2015**

17. Printed name of authorized person **JIM ALEXANDER**

18. Title or position of authorized person **SYSTEM ADMINISTRATOR**

19. Telephone number of authorized person **812- 7382168 ext 1053**

20. Address of authorized person **315 SOUTH HARRISON DR., CORYDON IN 47117-1729**

**BILLED ENTITY APPLICANT Reimbursement Form**Billed Entity Name SOUTH HARRISON COMM SCH CORPBilled Entity Number 130536Contact Name Charlie HobbsApplicant Form Identifier 2014-SHCSC-Frontier**Block 4: Service Provider Acknowledgment**

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.
- C. I certify that, in addition to the foregoing, this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

21. Signature of authorized person (fax, copy or original signature) **Signed electronically by Sarah**22. Date **10/5/2015****Knorr**23. Printed name of authorized person **Sarah Knorr**24. Title or position of authorized person **Sr. Financial Analyst**

25. Telephone number of authorized person - ext

26. Address of authorized person **100 CTE Drive, Dallas PA 18612****7. Applicant Remittance Information**Name **Carolyn Wallace**Title **Director of Business Operations**

Street Address

**15****. Harrison Dr.****orydon, IN 47112**

Page 4 of 5

FCC Form 472

July 20

ACH Led 10-26-15

**USAC**

Universal Service Administrative Company

Schools and Libraries Division

*Bear pmt - extension*  
Form 472 (BEAR) Notification Letter

October 15, 2015

Laine Lawson  
Frontier North, Inc.  
100 CTE Drive  
Dallas, PA 18612

Re: Invoice Number - as assigned by USAC: 2251215  
Service Provider Identification Number: 143004791  
Reimbursement Form Number: 2014-SHCSC-Frontier  
Billed Entity Number: 130536

James M Alexander  
SOUTH HARRISON COMM SCH CORP  
315 HARRISON DR  
CORYDON, IN 47112

Preferred Mode of Contact: E-mail at [jima@shcsc.k12.in.us](mailto:jima@shcsc.k12.in.us)  
Total Amount of Reimbursement Approved for Payment: \$14112.21

This letter is your notification that the Schools and Libraries Division (SLD) of the Universal Service Administrative Company (USAC) has processed an FCC Form 472, "Billed Entity Applicant Reimbursement (BEAR)" Form from the above named applicant listing you as the service provider. USAC has committed to reimburse the discounted portion of the cost of eligible services provided to eligible entities pursuant to one or more FCC Forms 471, "Description of Services Ordered and Certification Form".

In certain instances, a line may not have been paid. Review the BEAR Letter Applicant Reimbursement Report (Report) following this letter for the reason(s) this may have occurred. For more information about lines that have not been paid, see the explanation of Invoice Error Codes in Step 9 on our website. Work with the applicant (your customer) to correct any errors. Once corrected, your customer may submit a new BEAR to request reimbursement for any unpaid lines.

We recommend using the BEAR<sup>®</sup>Online tool from the Apply Online area or Required Forms section of our website for additional submissions. If a new BEAR cannot be submitted before the invoice deadline passes, you or your customer may submit a request for a deadline extension. (See "Invoice Deadlines and Extension Requests" posted in the SLD section of our website for more information.)

Pursuant to the Federal Communication Commission's (FCC) Second Report and Order and Further Notice of Proposed Rulemaking (FCC 03-101, released April 29, 2003), you must remit the amount shown as "Total Amount of Reimbursement Approved for Payment" above to your customer no later than 20 days after receipt of payment of the approved discounts from USAC. You also agreed not to tender or make use of the payment of the approved discounts issued by USAC to you prior to remitting the discount to your customer (See BEAR Form, Block 4, Service Provider Acknowledgment).

The USAC check should be mailed to the service provider named above within 20 days of the date of this letter.

Schools and Libraries Division - Correspondence Unit  
30 Lanidex Plaza West, PO Box 685, Parsippany, NJ 07054-0685  
Visit us online at: [www.usac.org/sl](http://www.usac.org/sl)

0249300-001

The maximum remaining amount available for each Funding Request Number (FRN) listed on the Report will be the original commitment less the amount approved herein for reimbursement and less any earlier disbursements to your customer.

PLEASE NOTE: The type of invoice form (BEAR or SPI) for the funding year is established by the receipt and approval of the first invoice submitted for the FRN for the funding year. For example, if we successfully process a BEAR for an FRN, we will not approve a SPI for that same FRN at a later time.

Please see the Guide to Letter Reports posted on our website for an explanation of the items listed in the attached Report.

COMPLETE PROGRAM INFORMATION is posted on our website. You may also contact our Client Service Bureau using the "Submit a Question" link on our website, toll-free by fax at 1-888-276-8736 or toll-free by phone at 1-888-203-8100.

Schools and Libraries Division  
Universal Service Administrative Company

CC: SOUTH HARRISON COMM SCH CORP

BEAR NOTIFICATION LETTER APPLICANT REIMBURSEMENT REPORT

Form 471 Application Number: 958961  
Funding Request Number: 2613296  
Funding Year 2014: 07/01/2014 - 06/30/2015  
Contract Number: n/a  
Funding Commitment Decision: \$35446.32  
Reimbursement Amount for this FRN: \$14112.21

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FRONTIER CZNREG 6249300 001 CHECK DATE: 11/24/2015 CHECK NO: 70465440

INVOICE NO.	DATE	GROSS AMOUNT	DISCOUNT AMOUNT	NET AMOUNT
IN2251215-FRN2613296	11/24/2015	14,112.21	.00	14,112.21
		14,112.21	.00	14,112.21

QUESTIONS? PLEASE CALL 1-800-209-9963.

REMOVE DOCUMENT ALONG THIS PERFORATION

THIS IS WATERMARKED PAPER - DO NOT ACCEPT WITHOUT NOTING WATERMARK - HOLD TO LIGHT TO VERIFY WATERMARK

**frontier**  
Communications

Frontier Communications  
401 Merritt 7  
Norwalk, CT 06851

HSBC BANK USA  
ONE HSBC CENTER  
BUFFALO, NEW YORK 14203

50-682  
213

DATE

11/24/2015

70465440

\*\*\* VOID AFTER 1 YEAR \*\*\*

NET AMOUNT

\$ \* \* \* \* \* 14,112.21

ONE FOUR THOUSAND ONE HUNDRED TWELVE AND 21/100 DOLLARS

PAY Fourteen Thousand One Hundred Twelve and 21/100 Dollars

PAY TO SOUTH HARRISON COMM SCH CORP  
315 HARRISON DR  
CORYDON IN 47112

*John P. Hall*

⑈70465440⑈ ⑆021306822⑆ 797⑈04539⑈2⑈

SEE REVERSE SIDE FOR OPENING INSTRUCTIONS

**frontier**  
Communications

100 CTE DRIVE  
DALLAS, PA 18612

SOUTH HARRISON COMM SCH CORP  
315 HARRISON DR  
CORYDON IN 47112

Patent Number US 7,975,004 B2